

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Mississippi Conservatives

ADDRESS (number and street) ▼

PO Box 2096

☐ Check if different than previously reported. (ACC)

Jackson

MS

39225

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00554774

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☒ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

06

24

2014

in the
State of

MS

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

05

15

2014

through

M M M /

D D D /

Y Y Y Y Y Y

06

04

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Brian Perry

Signature of Treasurer

Mr. Brian Perry

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Mississippi Conservatives

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 05 15 2014

To:

 M M / D D / Y Y Y Y Y
 06 04 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	132600.02	
(c) Total Receipts (from Line 19)	1280000.00	2162143.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1412600.02	2162143.00
7. Total Disbursements (from Line 31)	1324032.25	2073575.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88567.77	88567.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Mississippi Conservatives

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	865000.00	1490950.00
(ii) Unitemized	0.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	865000.00	1491250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	415000.00	420693.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	1280000.00	1911943.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	250150.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	50.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	1280000.00	2162143.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	1280000.00	2162143.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	67125.10	164384.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	67125.10	164384.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1036757.15	1659040.62
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	220150.00	250150.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1324032.25	2073575.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1324032.25	2073575.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1280000.00	1911943.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1280000.00	1911943.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	67125.10	164384.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	67125.10	164384.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Michael Bloomberg

Mailing Address 909 Third Avenue

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bloomberg Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period

250000.00

Contribution

Full Name (Last, First, Middle Initial)

B. James Creekmore

Mailing Address 7 Cypress Lane

City

Jackson

State

MS

Zip Code

39211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Telapex

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.4399

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Wade Creekmore

Mailing Address 1018 Highland Colony Parkway
Suite 500

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Telapex

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.4400

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Crow Holdings

Mailing Address 3819 Maple Ave.

City State Zip Code
 Dallas TX 75219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period

25000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Howard Leach

Mailing Address 399 Park Avenue

City State Zip Code
 New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Leach Capital LLC

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11AI.4401

Amount of Each Receipt this Period

25000.00

Contribution

Full Name (Last, First, Middle Initial)

C. John Nau

Mailing Address 7777 Washington Ave.

City State Zip Code
 Houston TX 77007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Silver Eagle Distributors, LP

President and C.E.O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period

100000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Hon. John Palmer

Mailing Address PO Box 3747

City

Jackson

State

MS

Zip Code

39225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sean Parker

Mailing Address 40 W 10th St.

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Entrepreneur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.4425

Amount of Each Receipt this Period

250000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Joe Sanderson

Mailing Address PO Bo 988

City

Laurel

State

MS

Zip Code

39441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanderson Farms

Occupation

Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period

100000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

355000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Warren Stephens

Mailing Address 111 Center St

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stephens Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11AI.4397

Amount of Each Receipt this Period

50000.00

Contribution

Full Name (Last, First, Middle Initial)

B. WDL Holdings LLC

Mailing Address 589 Highland Colony Park
Suite 120

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period

50000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100000.00

865000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. AMERICAN CROSSROADS

Mailing Address P.O. BOX 34413

City

WASHINGTON

State

DC

Zip Code

20043

FEC ID number of contributing
federal political committee.

C

C00487363

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11C.4430

Amount of Each Receipt this Period

120000.00

Contribution

Full Name (Last, First, Middle Initial)

B. AMERICAN CROSSROADS

Mailing Address P.O. BOX 34413

City

WASHINGTON

State

DC

Zip Code

20043

FEC ID number of contributing
federal political committee.

C

C00487363

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

160000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11C.4416

Amount of Each Receipt this Period

40000.00

Contribution

Full Name (Last, First, Middle Initial)

C. BLUEGRASS COMMITTEE

Mailing Address 220 1/2 E ST., NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

C00235655

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11C.4414

Amount of Each Receipt this Period

50000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

210000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. MAIN STREET ADVOCACY

Mailing Address 1200 PENNSYLVANIA AVE NW
PO BOX 4096

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C90013004

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11C.4413

Amount of Each Receipt this Period

100000.00

Contribution

Full Name (Last, First, Middle Initial)

B. PROMOTING OUR REPUBLICAN TEAM PAC

Mailing Address 8331 LITTLE HARBOR DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C C00440032

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

05 / 30 / 2014

Transaction ID : SA11C.4417

Amount of Each Receipt this Period

25000.00

Contribution

Full Name (Last, First, Middle Initial)

C. RELY ON YOUR BELIEFS FUND

Mailing Address 209 PENNSYLVANIA AVENUE, SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00344648

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11C.4412

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 40
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. ROCK CITY PAC

Mailing Address 1015 STONEBRIDGE PARK DRIVE

City State Zip Code
FRANKLIN TN 37069

FEC ID number of contributing
federal political committee.

C C00436410

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

06 / **02** / **2014**

Transaction ID : SA11C.4418

Amount of Each Receipt this Period

25000.00

Contribution

Full Name (Last, First, Middle Initial)

B. TEXANS FOR A CONSERVATIVE MAJORITY

Mailing Address PO BOX 817

City State Zip Code
AUSTIN TX 78767

FEC ID number of contributing
federal political committee.

C C00542217

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

05 / **28** / **2014**

Transaction ID : SA11C.4415

Amount of Each Receipt this Period

50000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

75000.00

TOTAL This Period (last page this line number only)..... ►

415000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Capstone Public Affairs LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2014

Mailing Address PO Box 2096

City	State	Zip Code
Jackson	MS	39225

Transaction ID : SB21B.4392Purpose of Disbursement
Social Media Buys

004

Amount of Each Disbursement this Period

2500.00

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Capstone Public Affairs LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2014

Mailing Address PO Box 2096

City	State	Zip Code
Jackson	MS	39225

Transaction ID : SB21B.4393Purpose of Disbursement
Political Strategy Consulting

001

Amount of Each Disbursement this Period

1500.00

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Paradigm Government Relations

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	20	/	2014

Mailing Address 530 George St.

City	State	Zip Code
Jackson	MS	39202

Transaction ID : SB21B.4317Purpose of Disbursement
Canvassing / Get Out The Vote (GOTV)

001

Amount of Each Disbursement this Period

25000.00

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Susan SmithMailing Address 210 E Capitol St.
Ste. 1262

City Jackson State MS Zip Code 39201

Purpose of Disbursement
GOTV Expenses

001

Candidate Name

Mississippi ConservativesCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 20 2014**Transaction ID : SB21B.4383**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Incoming Wire Transfer Fee

001

Candidate Name

Mississippi ConservativesCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 15 2014**Transaction ID : SB21B.4372**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Incoming Wire Transfer Fee

001

Candidate Name

Mississippi ConservativesCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 15 2014**Transaction ID : SB21B.4842**

Amount of Each Disbursement this Period

-15.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Mississippi Conservatives

A. Trustmark Bank

00:

20.00

Mississippi Conservatives

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. Trustmark Bank

MM / DD / YYYY

00

Mississippi Conservatives

Category/
Type

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

C. Trustmark Bank

00'

Fruit	Number of People
Apple	10
Orange	8
Banana	5
Watermelon	3

Mississippi Conservatives

Category/
Type☒ Primary ☐ General
Other (specify) ▼

State: District:

Food Item	Number of People
Pizza	10
Burger	8
Salad	5
Fruit	3

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	9		2	0	1	4		

Mailing Address 190 E Capitol St.

City	State	Zip Code
Jackson	MS	39201

Transaction ID : SB21B.4844Purpose of Disbursement
Incoming Wire Transfer Fee

001

Amount of Each Disbursement this Period

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				2	0		2	0	1	4		

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City	State	Zip Code
Jackson	MS	39201

Transaction ID : SB21B.4377Purpose of Disbursement
Wire Transfer Fee

001

Amount of Each Disbursement this Period

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				2	0		2	0	1	4		

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City	State	Zip Code
Jackson	MS	39201

Transaction ID : SB21B.4845Purpose of Disbursement
Wire Transfer Fee

001

Amount of Each Disbursement this Period

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-15.00

-20.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	8			2	0	1	4		

Mailing Address 190 E Capitol St.

City	State	Zip Code
Jackson	MS	39201

Transaction ID : SB21B.4384Purpose of Disbursement
Wire Transfer Fee

001

Amount of Each Disbursement this Period

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	8			2	0	1	4		

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City	State	Zip Code
Jackson	MS	39201

Transaction ID : SB21B.4388Purpose of Disbursement
Wire Transfer Fee

001

Amount of Each Disbursement this Period

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	8			2	0	1	4		

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City	State	Zip Code
Jackson	MS	39201

Transaction ID : SB21B.4849Purpose of Disbursement
Wire Transfer Fee

001

Amount of Each Disbursement this Period

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

													20.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 40

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4227

Mississippi Conservatives

LOAN SOURCE Full Name (Last, First, Middle Initial)

Trustmark Bank

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 190 E Capitol St.

City Jackson

State MS

ZIP Code 39201

Original Amount of Loan

250150.00

Cumulative Payment To Date

250150.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

MM / DD / YYYY
01 / 29 / 2014

Date Due

MM / DD / YYYY
06/03/14

Interest Rate

2.86

% (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee American Media & Advocacy Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>		
Mailing Address 815 Slaters Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10968.00</div>		
City Alexandria		State VA	Zip Code 22314		Transaction ID : SE.4365
Purpose of Expenditure Radio Ad Buy		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>	
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1655008.62</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee American Media & Advocacy Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>		
Mailing Address 815 Slaters Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3000.00</div>		
City Alexandria		State VA	Zip Code 22314		Transaction ID : SE.4366
Purpose of Expenditure Pandora Digital Buy		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>	
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1658008.62</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13968.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 15 / 2014</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee American Media & Advocacy Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>		
Mailing Address 815 Slaters Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">-10968.00</div>		
City Alexandria		State VA	Zip Code 22314		Transaction ID : SE.4840
Purpose of Expenditure Radio Ad Buy		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>	
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1662040.62</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee American Media & Advocacy Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>		
Mailing Address 815 Slaters Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">-3000.00</div>		
City Alexandria		State VA	Zip Code 22314		Transaction ID : SE.4841
Purpose of Expenditure Pandora Digital Buy		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>	
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1659040.62</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">-13968.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 15 / 2014</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Scott Howell & Company		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2014	
Mailing Address 3900 Willow St. Suite 200		Amount 329620.00	
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4278
Purpose of Expenditure TV ad buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 951903.47		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Scott Howell & Company		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2014	
Mailing Address 3900 Willow St. Suite 200		Amount 49986.00	
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4279
Purpose of Expenditure Radio ad buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 1001889.47		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	379606.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00554774 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee Scott Howell & Company			Date of Public Distribution/Dissemination <div style="float: right;"> <div style="border: 1px solid black; padding: 2px;">05</div> / <div style="border: 1px solid black; padding: 2px;">21</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 3900 Willow St. Suite 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6915.00</div>	
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4328 Date of Disbursement or Obligation <div style="float: right;"> <div style="border: 1px solid black; padding: 2px;">05</div> / <div style="border: 1px solid black; padding: 2px;">21</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Purpose of Expenditure Radio Ad Buy		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1049193.99</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Scott Howell & Company			Date of Public Distribution/Dissemination <div style="float: right;"> <div style="border: 1px solid black; padding: 2px;">05</div> / <div style="border: 1px solid black; padding: 2px;">22</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 3900 Willow St. Suite 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4331 Date of Disbursement or Obligation <div style="float: right;"> <div style="border: 1px solid black; padding: 2px;">05</div> / <div style="border: 1px solid black; padding: 2px;">22</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Purpose of Expenditure Radio Ad Buy		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1054193.99</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">11915.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry
[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Scott Howell & Company			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 22 / 2014</div>		
Mailing Address 3900 Willow St. Suite 200			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15000.00</div>		
City State Zip Code Dallas TX 75226		Transaction ID : SE.4332 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 22 / 2014</div>			
Purpose of Expenditure Radio Ad Buy		Category/Type 004			
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1069193.99</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Scott Howell & Company			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 27 / 2014</div>		
Mailing Address 3900 Willow St. Suite 200			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">294883.00</div>		
City State Zip Code Dallas TX 75226		Transaction ID : SE.4341 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 22 / 2014</div>			
Purpose of Expenditure TV Ad Buy		Category/Type 004			
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1456574.56</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">309883.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 15 / 2014</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 32 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives		FEC IDENTIFICATION NUMBER ▼ C C00554774	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Scott Howell & Company		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 3900 Willow St. Suite 200		Amount 30001.74	
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4342
Purpose of Expenditure Radio Ad Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 22 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Scott Howell & Company		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014	
Mailing Address 3900 Willow St. Suite 200		Amount -15000.00	
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4838
Purpose of Expenditure Radio Ad Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 22 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		15001.74	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. Brian Perry		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 15 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Scott Howell & Company			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014	
Mailing Address 3900 Willow St. Suite 200			Amount - 5000.00	
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4839	
Purpose of Expenditure Radio Ad Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 22 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		1466576.30	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Scott Howell & Company			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address 3900 Willow St. Suite 200			Amount 35030.00	
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4346	
Purpose of Expenditure Radio Ad Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		1501606.30	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30030.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 	
(c) TOTAL Independent Expenditures..... ▶			 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. Brian Perry		[Electronically Filed]	Date MM / DD / YYYY 07 / 15 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives		FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Scott Howell & Company		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014
Mailing Address 3900 Willow St. Suite 200		Amount 15000.00
City Dallas	State TX	Zip Code 75226
Purpose of Expenditure Radio Ad Buy	Category/Type 004	Transaction ID : SE.4350 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 1516606.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Scott Howell & Company		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014
Mailing Address 3900 Willow St. Suite 200		Amount 35000.00
City Dallas	State TX	Zip Code 75226
Purpose of Expenditure TV Media Ad Buy	Category/Type 004	Transaction ID : SE.4351 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 1551606.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Scott Howell & Company			Date of Public Distribution/Dissemination 05 / 30 / 2014		
Mailing Address 3900 Willow St. Suite 200			Amount 15000.00		
City Dallas		State TX	Zip Code 75226		Transaction ID : SE.4389
Purpose of Expenditure Media Buy		Category/Type 004		Date of Disbursement or Obligation 05 / 30 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought 1673008.62			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee United States Postal Service			Date of Public Distribution/Dissemination 05 / 21 / 2014		
Mailing Address 401 E South St			Amount 19226.23		
City Jackson		State MS	Zip Code 39201		Transaction ID : SE.4318
Purpose of Expenditure Postage for Mail		Category/Type 004		Date of Disbursement or Obligation 05 / 20 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought 1021115.70			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34226.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 07 / 15 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives		FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014
Mailing Address 401 E South St		Amount 1976.15
City Jackson	State MS	Zip Code 39201
Purpose of Expenditure Postage for Mail	Category/Type 004	Transaction ID : SE.4319 Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		1023091.85

Full Name of Payee Winning Edge		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014
Mailing Address PO Box 269		Amount 19187.14
City Alexandria	State AL	Zip Code 36250
Purpose of Expenditure Mail Production	Category/Type 004	Transaction ID : SE.4322 Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		1042278.99

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21163.29
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Winning Edge			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 22 / 2014</div>		
Mailing Address PO Box 269			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">64703.26</div>		
City Alexandria		State AL	Zip Code 36250		Transaction ID : SE.4336
Purpose of Expenditure Mail Printing, Production and Postage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 22 / 2014</div>	
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1133897.25</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Winning Edge			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 22 / 2014</div>		
Mailing Address PO Box 269			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27794.31</div>		
City Alexandria		State AL	Zip Code 36250		Transaction ID : SE.4337
Purpose of Expenditure Mail Printing, Production and Postage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 22 / 2014</div>	
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1161691.56</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">92497.57</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 15 / 2014</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Winning Edge			Date of Public Distribution/Dissemination 05 / 28 / 2014	
Mailing Address PO Box 269			Amount 68466.55	
City Alexandria	State AL	Zip Code 36250	Transaction ID : SE.4354	
Purpose of Expenditure Mail Printing, Production and Postage		Category/ Type 004	Date of Disbursement or Obligation 05 / 28 / 2014	
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		1620072.85	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Winning Edge			Date of Public Distribution/Dissemination 05 / 28 / 2014	
Mailing Address PO Box 269			Amount 2074.00	
City Alexandria	State AL	Zip Code 36250	Transaction ID : SE.4356	
Purpose of Expenditure Pushcard Production and Distribution		Category/ Type 004	Date of Disbursement or Obligation 05 / 28 / 2014	
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		1622146.85	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70540.55	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. Brian Perry		[Electronically Filed]	Date 07 / 15 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Winning Edge			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 28 / 2014</div>		
Mailing Address PO Box 269			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">926.00</div>		
City Alexandria		State AL	Zip Code 36250		Transaction ID : SE.4357
Purpose of Expenditure Pushcard Production and Distribution		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 28 / 2014</div>	
Name of Federal Candidate Thad Cochran			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1623072.85</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Winning Edge			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 23 / 2014</div>		
Mailing Address PO Box 269			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12883.23</div>		
City Alexandria		State AL	Zip Code 36250		Transaction ID : SE.4362
Purpose of Expenditure Mail, Production and Postage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>	
Name of Federal Candidate Mr. Christopher Brian McDaniel			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1635956.08</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13809.23</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 15 / 2014</div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Winning Edge			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>		
Mailing Address PO Box 269			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8084.54</div>		
City Alexandria		State AL	Zip Code 36250		Transaction ID : SE.4363
Purpose of Expenditure Mail, Production and Postage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>	
Name of Federal Candidate Mr. Christopher Brian McDaniel			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1644040.62</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ► <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8084.54</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures ► <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>					
(c) TOTAL Independent Expenditures..... ► <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1036757.15</div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 15 / 2014</div>		

[Electronically Filed]